Case 19-12214-JNP Doc 35 Filed 03/30/20 Entered 03/30/20 08:24:32 Desc Main Document Page 1 of 7

Fill in this information to identify your case:						
Debtor 1	Anne L. Deeck					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	DISTRICT OF NEW JE	RSEY CAMDEN VICINAGE			
Case number	19-12214-JNP					
(if known)						

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

info	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendor original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	205,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	21,870.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	226,870.00
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	229,790.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	24,769.00
	Your total liabilities	\$	254,559.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	667.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,015.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other scl	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Anne L. Deeck Case number (if known) 19-12214-JNP

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

\$_____6,875.64

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this information to	o identify your case:	
Debtor 1	Anne L. Deeck	
Debtor 2 (Spouse, if filing)		
United States Bankrup	tcy Court for the: DISTRICT OF NEW JERSEY CAMDEN VICINAGE	
	12214-JNP	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	MM / DD/ YYYY
Schedule I:	Your Income	12/1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	F	☐ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	■ Not employed	■ Not employed
	employers.	Occupation	Unemployed	Social Security
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed the	here?	
	Observation Alicent Man	Alalas Imaama		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3 +\$ 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 \$ 0.00

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Anne L. Deeck	_	Cas	e number (<i>if ki</i>	nown)	19-1	2214-J	NP	
				Fo	or Debtor 1			Debtor		
	•	The Albana		•				-filing s	-	
	Cop	by line 4 here	4.	\$	(0.00	\$_		0.00	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		(0.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.			0.00	\$_		0.00	
	5c.	Voluntary contributions for retirement plans	5c.			0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.			0.00	\$_		0.00	
	5e.	Insurance	5e.			0.00	\$_		0.00	
	5f.	Domestic support obligations	5f.	\$		0.00	\$_		0.00	
	5g.	Union dues	5g.			0.00	–		0.00	
	5h.	Other deductions. Specify:	_ 5h.	+ Þ	(0.00	_		0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		0.00	\$_		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	(0.00	\$_		0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$		0.00	\$		0.00	
	8b.	Interest and dividends	8b.			0.00	\$ _		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent	OD.	Ψ.		<i>.</i>	Ψ_		0.00	
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	(0.00	\$		0.00	
	8d.	Unemployment compensation	8d.			0.00	\$_		0.00	
	8e.	Social Security	8e.			0.00	\$_		667.00	
	8f.	Other government assistance that you regularly receive					· 			
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	_ 8f.	\$	(0.00	\$		0.00	
	8g.	Pension or retirement income	8g.			0.00	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h.	+ \$	(0.00	+ \$_		0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	(0.00	\$_		667.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	t	0.00	+ \$		667.00	= \$	667.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ <u></u>	0.00	- Ψ		307.00	- 4 —	007.00
11.		te all other regular contributions to the expenses that you list in Schedule								
	Incl othe	ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depe				-	Schedule	e <i>J</i> .	
	Spe	ecify:			-			11.	+\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies						12.	\$	667.00
									Combin	
13.	Do	you expect an increase or decrease within the year after you file this form	?						monthly	income
		No. Yes Evolain:								

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:			
	btor 1 Anne L. Deeck	Check	c if this is:	
	Allie L. Deeck		An amended filing	
	btor 2			ving postpetition chapter
(Spo	pouse, if filing)	1	3 expenses as of	the following date:
Unit	ited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY CAMDER VICINAGE	N	MM / DD / YYYY	
1	se number 19-12214-JNP (nown)			
	fficial Form 106J			
	chedule J: Your Expenses			12/15
info	as complete and accurate as possible. If two married people are filing formation. If more space is needed, attach another sheet to this form mber (if known). Answer every question. It 1: Describe Your Household			
1.	Is this a joint case?			
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?			
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for S</i>	Separate Household of Debto	or 2.	
2.	Do you have dependents? ■ No			
	Do not list Debtor 1 and Yes. Fill out this information for De	ependent's relationship to ebtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the			□ No
	dependents names.			☐ Yes
				□ No
				□ Yes
				□ No □ Yes
				□ No
				☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?			
Est exp	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you are penses as of a date after the bankruptcy is filed. If this is a supplement plicable date.	re using this form as a supental <i>Schedule J</i> , check the	pplement in a Cha box at the top o	apter 13 case to report f the form and fill in the
the	clude expenses paid for with non-cash government assistance if you evalue of such assistance and have included it on <i>Schedule I: Your lifticial</i> Form 106I.)		Your expe	enses
4.	The rental or home ownership expenses for your residence. Includ payments and any rent for the ground or lot.	e first mortgage 4. \$		1,350.00
	If not included in line 4:			
	4a. Real estate taxes	4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance	4b. \$	-	0.00
	4c. Home maintenance, repair, and upkeep expenses	4c. \$		50.00
_	4d. Homeowner's association or condominium dues	4d. \$		0.00
5.	Additional mortgage payments for your residence, such as home e	quity loans 5. \$		0.00

ebtor 1	Anne L. Deeck	Case number (if known)	19-12214-JNP
. Utilit	ies:		
6a.	Electricity, heat, natural gas	6a. \$	350.00
6b.	Water, sewer, garbage collection	6b. \$	50.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	285.00
6d.	Other. Specify: Cell phone	6d. \$	93.00
Food	d and housekeeping supplies	7. \$	510.00
Child	dcare and children's education costs	8. \$	0.00
Cloti	hing, laundry, and dry cleaning	9. \$	50.00
. Pers	onal care products and services	10. \$	50.00
. Medi	ical and dental expenses	11. \$	90.00
. Tran	sportation. Include gas, maintenance, bus or train fare.		
	ot include car payments.	12. \$	160.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13. \$	25.00
l. Char	itable contributions and religious donations	14. \$	0.00
5. Insu			
	ot include insurance deducted from your pay or included in lines 4 or 20.		
	Life insurance	15a. \$	85.00
	Health insurance	15b. \$	0.00
	Vehicle insurance	15c. \$	170.00
	Other insurance. Specify:	15d. \$	0.00
S. Taxe Spec	es. Do not include taxes deducted from your pay or included in lines 4 or 20. ify:	16. \$	0.00
7. Insta	illment or lease payments:		
	Car payments for Vehicle 1	17a. \$	697.00
17b.	Car payments for Vehicle 2	17b. \$	0.00
17c.	Other. Specify:	17c. \$	0.00
17d.	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not repo acted from your pay on line 5, Schedule I, Your Income (Official Form 1		0.00
	r payments you make to support others who do not live with you.	\$	0.00
Spec		19.	
O. Othe	r real property expenses not included in lines 4 or 5 of this form or on	Schedule I: Your Income.	
20a.	Mortgages on other property	20a. \$	0.00
20b.	Real estate taxes	20b. \$	0.00
20c.	Property, homeowner's, or renter's insurance	20c. \$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e.	Homeowner's association or condominium dues	20e. \$	0.00
1. Othe	r: Specify:	21. +\$	0.00
	ulate your monthly expenses		
	Add lines 4 through 21.		4,015.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106	SJ-2 \$	
22c.	Add line 22a and 22b. The result is your monthly expenses.	\$	4,015.00
	ulate your monthly net income.		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	667.00
23b.	Copy your monthly expenses from line 22c above.	23b\$	4,015.00
220	Subtract your monthly expenses from your monthly income		
23C.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	-3,348.00
For ex modif	ou expect an increase or decrease in your expenses within the year aft xample, do you expect to finish paying for your car loan within the year or do you expect ication to the terms of your mortgage?		rease or decrease because o
■ N			
☐ Y	es. Explain here:		

Fill in this info	rmation to identify your	case:		
Debtor 1	Anne L. Deeck			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JEI	RSEY CAMDEN VICINAGE	
Case number	19-12214-JNP			
(II KIIOWII)				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did y	ou pay or agree to pay someone who is NOT an attorney to	help	p you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119
that th	r penalty of perjury, I declare that I have read the summary a hey are true and correct. s/ Anne L. Deeck anne L. Deeck	and s	schedules filed with this declaration and Signature of Debtor 2
_	pate March 30, 2020		•